

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007417

**FILED**  
**Mar 18, 2013**  
**Secretary of State**  
**CC1961783501**

**Entity Name:** ALPHA CHARTER OF EXCELLENCE, INC.

**Current Principal Place of Business:**

1223 SW 4TH STREET  
MIAMI, FL 33135

**Current Mailing Address:**

1223 SW 4TH STREET  
MIAMI, FL 33135

**FEI Number:** 45-4394892

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPEZ, SONIA  
1223 SW 4TH STREET  
MIAMI, FL 33135 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name LOPEZ, SONIA  
Address 1223 SW 4 STREET  
City-State-Zip: MIAMI FL 33135

Title D  
Name STEIN, JUDITH  
Address 1223 SW 4 STREET  
City-State-Zip: MIAMI FL 33135

Title SEC  
Name SANTANA, CRISTINA  
Address 1223 SW 4 STREET  
City-State-Zip: MIAMI FL 33135

Title D  
Name SUAREZ, CELIA  
Address 210-174 STREET APARTMENT 1811  
City-State-Zip: MIAMI BEACH FL 33160

Title D  
Name CAPOTE, LISA  
Address 1223 SW 4 STREET  
City-State-Zip: MIAMI FL 33135

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA CAPOTE

D

03/18/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date